

No. W 127962	Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ROOT HEALTH, LLC KAMERON SCHOTT PO BOX 9977 MOSCOW ID 83843		KAMERON SCHOTT 414 S JEFFERSON ST MOSCOW ID 83843			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	KAMERON SCHOTT	PO BOX 9977	MOSCOW	ID	USA	83843
5. Organized Under the Laws of: ID W 127962	6. Annual Report must be signed.* Signature: Kameron Schott Name (type or print): Kameron Schott		Date: 07/09/2016 Title: owner			
Processed 07/09/2016		* Electronically provided signatures are accepted as original signatures.				